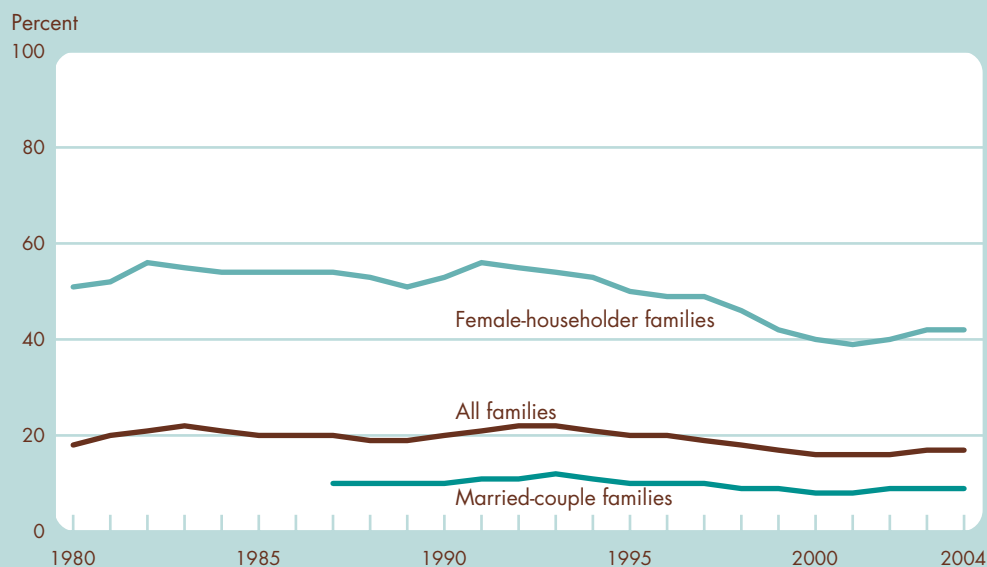


## Economic Security Indicators

Economic indicators such as poverty status and access to health care offer insight into the material well-being of children and the impact that lacking economic resources has on children's development and life goals.

In 2004, the number and percentage of children living in families with incomes below their poverty thresholds<sup>6</sup> were 12.5 million and 17 percent, respectively, both unchanged from 2003<sup>7</sup> (Figure 3). The 2004 poverty rate was lower than the peak of 22 percent in 1993.

**Figure 3** Percentage of related children ages 0–17 living in poverty by family structure, 1980–2004



NOTE: Estimates refer to children ages 0–17 who are related to the householder. In 2004, the average poverty threshold for a family of four was \$19,307 in annual income.

SOURCE: U.S. Census Bureau, Current Population Survey, 1981 to 2005 Annual Social and Economic Supplements.

Poverty among children varies greatly by family structure. In 2004, children living in female-householder families with no husband present continued to experience a higher poverty rate (42 percent) than children living in married-couple families (9 percent).

Disparities also persisted by race and Hispanic origin. Black children had a poverty rate of 33 percent in 2004; Hispanic children had a poverty rate of 29 percent; and White, non-Hispanic children had a poverty rate of 10 percent.<sup>8</sup>

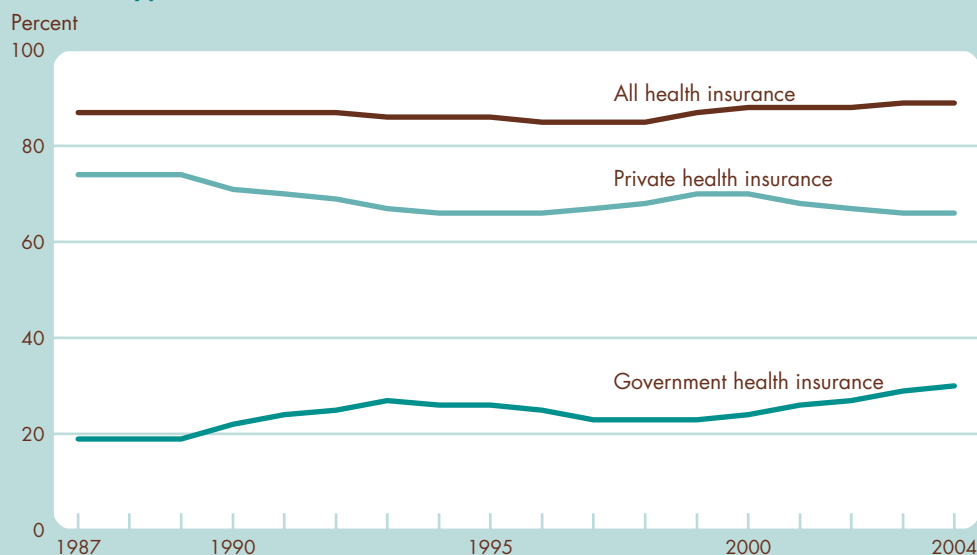
<sup>6</sup> Poverty is measured by comparing family income to one of 48 dollar amounts called thresholds. The dollar amounts vary by the size of the family and the members' ages. The average threshold for a family of three was \$15,067 in 2004; for a family of four, it was \$19,307. For further details, see <http://www.census.gov/hhes/www/poverty.html>.

<sup>7</sup> Children living in families (also called "related children") includes those ages 0–17 who are related to the householder, but are not themselves a householder or spouse of a householder. The poverty rate for all people ages 0–17—which includes some children who were not related to their householder, as well as householders and spouses ages 0–17—was 18 percent in 2004, unchanged from 2003.

<sup>8</sup> Beginning in 2003, the Current Population Survey asked respondents to choose one or more races. All race groups discussed in this paragraph refer to people who indicated only one racial identity, regardless of Hispanic origin. Hispanic children may be of any race.

In 2004, 89 percent of children had health insurance coverage at some point during the year (Figure 4). The proportion of children covered by private health insurance decreased from 74 percent in 1987 to 66 percent in 1994, increased to 70 percent in 1999, and dropped to 66 percent in 2004. During the same time period, the proportion of children covered by government health insurance grew from 19 percent in 1987 to 27 percent in 1993. The proportion of children covered by government health insurance decreased until 1999 and then began to climb again to 30 percent in 2004.

**Figure 4** Percentage of children ages 0–17 covered by health insurance by selected type of health insurance, 1987–2004



NOTE: Government health insurance for children consists primarily of Medicaid, but also includes Medicare, SCHIP (the State Children's Health Insurance Programs), and CHAMPUS/Tricare, the health benefit program for members of the armed forces and their dependents. Estimates beginning in 1999 include follow-up questions to verify health insurance status. Estimates for 1999 through 2004 are not directly comparable with earlier years, before the verification questions were added. Children are considered to be covered by health insurance if they had government or private coverage at any time during the year.

SOURCE: U.S. Census Bureau, unpublished tables based on analyses from the Current Population Survey, 1988 to 2005 Annual Social and Economic Supplements.

The health of children depends in part on their access to and utilization of health services. Health care for children includes physical examinations, preventive care, health education, observations, screening, immunizations, and sick care.<sup>9</sup> Having a usual source of care—a particular person or place a child visits for sick and preventive care—facilitates the timely and appropriate use of pediatric services.<sup>10, 11</sup> In 2004, 5 percent of children ages 0–17 had no usual source of health care. This percentage varied by the child's type of health insurance. Nearly 3 percent of children with private health insurance, 5 percent of children with public health insurance, and 29 percent of children with no health insurance had no usual source of health care.

<sup>9</sup> Green, M. (Ed.). (1994). *Bright futures: Guidelines for health supervision of infants, children, and adolescents*. Arlington, VA: National Center for Education in Maternal and Child Health.

<sup>10</sup> Simpson, G., Bloom, B., Cohen, R.A., and Parsons, P.E. (1997). Access to health care. Part 1: Children. *Vital and Health Statistics, 10* (Series 196). Hyattsville, MD: National Center for Health Statistics.

<sup>11</sup> Bartman, B.A., Moy, E., and D'Angelo, L.J. (1997). Access to ambulatory care for adolescents: The role of a usual source of care. *Journal of Health Care for the Poor and Underserved, 8*, 214–226.